

FALL - Fall Prevention

FALL-C COMPLICATIONS

OUTCOME: The patient/family will understand that the complications from falls may be serious.

STANDARDS:

1. Explain that falls may result in minor injuries including lacerations, abrasions, and contusions.
2. Explain that falls may also result in major injuries that may be life-threatening and may include head injuries and fractures.

FALL-DP DISEASE PROCESS

OUTCOME: The patient/family will understand that some patients are at higher risk for falls because of mental status, disease processes, age, or medications.

STANDARDS:

1. Explain that some medications, such as tranquilizers, sedatives, pain medications, antihypertensives, or diuretics may cause dizziness and disorientation.
2. Explain that illness, therapeutic procedures, and diagnostic tests may leave the patient weak and unsteady.
3. Explain that the hospital may seem unfamiliar, especially when awakened at night, and this, combined with other factors, may result in disorientation.
4. Explain that some disease processes such as neurologic disorders, cognitive impairment, changes in mental status, generalized weakness, dizziness, and advanced age may predispose to falls.
5. Discuss that infants and small children may be at increased risk of injury from falls.

FALL-EQ EQUIPMENT

OUTCOME: The patient/family will have an understanding and demonstrate (when appropriate) the proper use and care of equipment.

STANDARDS:

1. Discuss the indications for and benefits of the prescribed medical equipment.
2. Discuss the types and the features of the medical equipment as appropriate.
3. Discuss and/or demonstrate the proper use, the care, and the cleaning of medical equipment.

4. Participate in a return demonstration by the patient/family.
5. Discuss the signs of equipment malfunction and the proper action in case of malfunction as appropriate.
6. Discuss the proper disposal of associated medical supplies.

FALL-FU FOLLOW-UP

OUTCOME: The patient/family will understand that consultation with a physician after a fall where injury is suspected or known is important to ensure that appropriate treatment for injuries is provided.

STANDARDS:

1. Discuss that consultation with a physician after a fall where injury is suspected or known is important to ensure that appropriate treatment for injuries is provided.
2. Discuss the importance of keeping follow-up appointments as scheduled or recommended.

FALL-L LITERATURE

OUTCOME: The patient/family will receive literature regarding the prevention of falls.

STANDARDS:

1. Provide patient/family with literature regarding the prevention of falls.
2. Discuss the content of the literature.

FALL-S SAFETY AND INJURY PREVENTION

OUTCOME: The patient/family will understand measures that may be taken to prevent falls.

STANDARDS:

1. Explain that wearing non-skid slippers when out of bed may prevent slipping and falling.
2. In the home or in the hospital, stress the importance of calling for help or using the call light or other call devices to call for assistance if dizziness and/or weakness are experienced.
3. Emphasize that in hospitals or nursing homes, nursing staff are available for assistance in getting out of bed and to help with ambulation and personal care needs.
4. Explain that, after lying in bed, being ill, or taking certain medications, dizziness may result from getting up too suddenly. Instruct the patient to sit up slowly and to sit a few minutes before slowly standing and walking.

5. As appropriate, instruct the patient/family not to tamper with the side rails that may be in use. Side rails are reminders to stay in bed and are designed to ensure safety.
6. If the patient must get up before assistance arrives, instruct the patient to walk slowly and carefully and not to use rolling objects such as bedside tables as support.
7. Discuss that throw rugs, wires across the floor, objects on the floor, unlevelled floors, wet or moist floors, uneven carpeting, pets in the home, small children playing in the floor stairs, and shoes with heels or slick soles pose high fall risks. Instruct the patient to remove as many of these obstacles as possible.

FALL-SCR SCREENING

OUTCOME: Patient/Family will have an understanding of the screening process for implementing interventions to decrease the risk of falls.

STANDARDS:

1. Explain that screening for fall risk allows for implementation of appropriate interventions.
2. Explain that factors associated with an increased risk of falls are assessed at intervals prescribed by hospital policy if the patient is hospitalized.
3. Discuss that screening may include mobility, mentation, medication effects, issues with elimination, and history of falls.